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ABSTRACT

This report discusses the development of a core curriculum for caregiver and social service training programs at Fraser Valley College in British Columbia (Canada). It outlines the goals of the project, which included responsiveness to student and employer needs, quality and consistency of instructional programs, and maximum transferability between colleges and universities. The report then reviews the development of core curriculums at other institutions and in other disciplines, as well as in the health and social services field. It discusses the development of coring models and a list of 115 core competencies for students preparing to be child and youth caretakers, social service workers, community support workers, community care assistants, early childhood educators, and special education teacher assistants. A total of 66 educators at colleges and universities in British Columbia with at least one such program were surveyed concerning the list of core competencies. The survey identified a large number of competencies about which there was broad agreement for inclusion in a core curriculum. The report concludes by discussing the next steps in the development of the core curriculum. Two appendixes list the core competencies steering committee members, survey respondents, and the core competencies. (Contains 42 references.) (MDM)

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Health/Human Service Core Curriculum Project

Executive Summary

As a result of the comprehensive review of health and social service programs initiated by the Ministry of Advanced Education, Training and Technology in the Fall of 1989, focusing on caregiver training programs of up to one year in duration, Fraser Valley College was given a contract to develop a foundation for a core curriculum. Given the fact that these program have been characterized by many inconsistencies and were unable to keep up with employer demands, this report is in response to one of the recommendations of the Health/Social Service Review Project; namely that "the core content of para-professional training programs be identified and validated and curriculum be developed.

At the request of the College based steering committee, several models of "coring" were developed and one selected as a basis on which to proceed. DACUMS (competency based profiles) and course and program outlines were solicited from all colleges. However, it was decided in concert with the Centre for Curriculum Development to try and produce a series of worker competencies based on the seven content areas that had been identified.

A series of worker competencies were derived from the existing DACUMS and course outlines and sent to College and University faculty for review. Programs responses were tabulated and tables of competencies developed.

After review by the employer based Advisory Committee, it is recommended that specialty competencies be identified and core curriculum design and materials be developed.

Introduction

A review of Social Service and Health Programs was initiated at the request of the Deputy Minister's Committee on Social Policy, and in response to concerns expressed by colleges, some employers, and other ministry personnel relating to the "inconsistencies" and apparent inadequacies in the area of post-secondary "paraprofessional" training.

Several general goals guided the original project and contributed towards the development of the draft recommendations. These were:

1. Availability: to ensure that current and future program delivery provides maximal response to employer and student needs.
2. Quality and consistency: to determine program standards at certificate and diploma levels.
3. Transferability: to maximize transferability at the certificate level between colleges and to universities.
4. External Factors: to draw attention to the impact on training of staffing issues such as wages and benefits. (Minutes,April,1990).

Specific government issues that contributed to the initial impetus for the review were:

1. increasing demand for paid caregivers in all areas of health/social services sector,
2. increasing competition for suitable workers/students
3. increasing skill demands placed on paraprofessional workers, (the complexity of jobs in the field today), and the need to prepare workers for career changes and flexibility on career paths
4. increasing pressures on the post-secondary system from many sources.(Minutes, February,1990).

Pressures for change in the curriculum reflect some current underlying social considerations. Among these are:

1. The changing venues for delivery of services especially CSW (Community Support Worker) staff for community based group homes for mentally handicapped individuals; SETA (Special Education Teacher Assistant)for multiply handicapped children in schools.
2. The normalization/integration movement which has led to a rapid increase in the number of individuals requiring some form of supported care but at the same time living in the community. As well, increasing numbers of multiply handicapped children, requiring individual attention and support, are being mainstreamed into classrooms.

3. The loss of givens - changes in family structure have lessened support for the young and the old, and increased reliance on public support and advocacy.
4. Monetary policy pressure related to political climate and the demand to produce value for money in health and social services.
5. Changing population demographics and multicultural pressures.
6. Financial inequity is worsening in Canada, with more people relying on public assistance.
7. The increasing need to prevent social problems because the cures are too expensive.
8. The increasing awareness of the extent of use of addictive substances in all levels of society.
9. The upswing of violence and increasing need for victims' services.
10. Overcrowded correctional facilities
11. The acceleration of the AIDS epidemic.
12. The concern of workers about their ability to cope with clients' problems.
13. Increased personal pressure on workers to perform effectively.
14. Expectation of workers to upgrade and renew careers during working life. (Gilling, 1989).

It was believed that a core curriculum would allow and support many of these changes. However, before we can begin to talk about a "core curriculum" we must first build a foundation by developing a model of coring and secondly developing those topics or competencies that the curriculum would be cored around. Thus this project would be developed in two (or more)stages. The first stage would be the preparation of a model of coring. During the second phase, worker competencies would be fleshed out and a consensual process developed to check for those competencies which would cut across job clusters. The third and future phases of the project would involve specialty competencies/areas and/or the elaboration of the core competencies into curriculum. Thus the development of core (worker) competencies can be seen as the initial stage of the curriculum development project.

A core curriculum can be defined as composed of "core learnings that are basic and essential" to the knowledge base of all health/social services paraprofessionals... They are basic in that they are intended to provide a foundation or a base on which subsequent and related learnings may be built - and this should provide learners with conceptual and methodological tools to continue their own learning".(Gilling, 1989). These conceptual learnings are held in common for various skilled paraprofessionals.

This shared knowledge would enhance collegial relationships, improve services to clients, allow for easier training with more choices for student timetabling and a broad range of instructors and methods. "Every course in the core should be taught with other core

courses in mind ... taught by advanced teachers (Masters) who are able to generalize". (Cheney, 1989). Generalists should result, defined by their roles. Gilling goes on to say that curriculum models from other disciplines have been adapted for nurse preparation, but with difficulty. (Gilling, 1989.

The National Endowment for the Humanities in the United States' study "50 Hours: A Core Curriculum for College Students" summarized core curriculum developments. Its authors emphasize that "rationale for, and challenges of core learning do not vary greatly from field to field". (Cheney, 1989). The benefits therein cited for university students will surely apply to cored career/vocational courses in British Columbia colleges.

Cheney (1989) cites specifically the confidence-building that resulted from preparation in coherent programs that stress recurring themes (also called cross-cutting topics), a valid description of the six content areas proposed in this study. She says one difficulty in preparing students for (work) life has been that they usually demonstrated "received knowledge, not sustained by understanding and the ability to make everyday decisions wisely (and were not) able to bring informed judgement to bear on important questions". Cored curricula address this problem by linking all training courses with the core topics, helping students to integrate their knowledge. They have to discover what they think they know ... and perhaps how little they really know it". "50 Hours" states that "a crucial part of understanding is recognizing differences" and says students report that in cored programs "they ask us to look for things we are not used to looking for, to make assumptions different from those we are accustomed to so that we can comprehend, rather than distort".

The proposed topics "Meeting Individual Needs", "Philosophy/Values Base", and "Professional and Ethical Conduct" are only three examples of such large linking concepts, designed to be the basis of all service skills that health and social service students learn to deliver. However, as we will see, it will be necessary to translate these content areas into competency areas (i.e, Professional and Ethical Conduct could become "Act in a Professional and Ethical Manner").

There is a history of cored curricula in post secondary education in the United States. Columbia University has had, for 70 years, cored curriculum in Humanities, as does the University of Chicago. Brooklyn College implemented huge changes in educational effectiveness by coring. Difficulties were encountered, while effecting these new departures from traditional discipline-organized teaching, especially during the 1960's campus protest against requirements. The innovators persevered and succeeded, because the administrators were enthusiastic, and the faculty were active in the process. Faculty attended summer seminars to devise the new courses, and they continue to revise and link them.

"50 Hours" deals with coring in Community Colleges in Humanities/General Education programs and studies of cored other topic areas are also available. Some programs introduced in the United States include:

- in environmental quality and energy conservation training (Calif. 1979)
- in robotics (Texas, 1985)
- in interdisciplinary allied-health workers preparation (1984-88)
- integrating humanities into occupational curricula (Beckwith's review 1981)
- integrating humanities into occupational curricula (Nevada 1982 & 1983)
- integrating humanities into occupational curricula (27 programs cited - 1980)
- a competency-based cored curriculum for Health Occupations (West Virginia 1980)

Precedents exist for cored interdisciplinary career/vocational curricula, as shown by the examples put forth. It would appear that the "TRAC" curriculum is a good example. In British Columbia, such a venture will enrich all trainees and faculty members involved and will benefit the eventual recipients of the services.

Core Curriculum Development in Health/Social Services

"Common Core (curriculum) has the potential to increase transferability, enable employer assumption of a common skill base, enable more frequent core course offering, and ensure greater course utilization... Core curriculum should be developed to permit the model of one core semester plus specialty courses." This increased frequency of course offerings would meet another recommendation: "that colleges explore flexible scheduling options...(thus) permit access of full time and part time students to the same classes. These provisions would meet the recommendation that "students from different program areas (have) some opportunity for integration: common course participation prepares graduates for working together and exposes students to different instructors/philosophies." The adoption of a recommended curriculum model would "encourage colleges to adhere to consistent hours of content" and would also "provide students with the opportunity for exit at certificate and diploma levels, for lateral transfers between disciplines, and for laddering to degree programs". (Health/Social Services Review Project:Draft Recommendations, 1990).

Five constraints in coring the health/social services area may be:

1. the difficulty of accommodating students with minimal written English skills if writing skills are considered part of the "core".

2. the desire to accommodate E.S.L. students who may or may not be literate in their 1st language in some career programs.

3. coring of programs that are less than a term in length with much longer programs.

4. the increasing desires of a wide range of para-professionals to receive university transfer credit for most of their training and the difficulties of coring them with programs not normally thought of as receiving university transfer or in fact laddering into careers requiring degrees.

5. The opposition of faculty who see their "turf" being eroded, who are concerned that unless all instruction is "contextualized" that they will not be able to train students within short periods of time.

Models of core curriculum were to be developed in order to concretize the ongoing discussions. To expedite the process, job clusters were formed which accommodate all the titles of paraprofessionals currently being prepared in B.C. colleges.

L.T.C./Home Support Worker:

Focus of Training - home support of elderly in their homes or long term care of elderly in residential facilities
= Continuing Care Assistant, Care of Mentally Fragile, Activity Aide, Mental Health Worker

C & YC - Child & Youth Care:
Focus of Training - children, and families of children experiencing problems
= (formerly) Child Care Counsellor

C.S.W. - Community Support Worker:
Focus of Training - people with mental handicaps
= Human Service Worker, Community Support for Special Population, Human Service Worker - Mentally Handicapped Specialty, Social Services Training, Special Needs Worker, Human Services Worker - Psychiatrically Disabled Specialty

E.C.E. - Early Childhood Education:
Focus of Training - (Level I) children 3-5yrs
(Level II) children 0-3yrs, and special needs children
= Early Childhood Education and Care
Level II - Infancy and Toddlers

S.E.T.A. - Special Education (Teachers) Assistant:
Focus of Training - school pupils in (special) education settings

SSW - Social Services Worker:
Focus of Training - services to adults providing services of the Ministry of Social Services and Housing, including Financial Aid, Community Organization, Services to Families, case aides. Also services in provincial security institutions and detention centres
= Social Service Worker (foundation) - certificate level (1 yr)
Social Service Worker Diploma - 2 yrs
Community Social Service Worker
Human Service Worker
Social Service Worker
Community Counselling
includes SSW: Substance Abuse
Addiction Resource Worker
Substance Abuse Counselling
Social Services Worker:Corrections
Human Services Worker: Corrections

Thorough study of current course calendars provided information regarding the content areas of these programs. Two facts became clear: there is a great variety of course titles, and several topics (i.e. content areas) were being offered separately to parallel groups of students. Therefore to further expedite the process, the concept of "content areas" was adopted following a discussion of "core skill areas" held by the Steering Committee in June 1990. These two concepts are used in the structure of the models offered for discussion.

Meanwhile, research into current curriculum development literature led to several examples of cored curriculum currently in use or under development. The concept was first advanced by Ralph Tyler in 1953, and his work was referred to again in the International Encyclopedia of Education (1989). He cites two meanings of the term core curriculum, both of which apply here: the first "a core of common learning" and the second "refers to the selection of content of immediate significance for the learner" (Tyler, 1953).

The concept is still being applied. Malcolm Skillbeck, in an article on revitalizing the core curriculum in the Journal of Curriculum and Supervision in Great Britain (1989 Spring) uses it "to refer to subjects and topics within subjects that all students in the given system are required or expected to learn".(Skilbeck, 1989). This content-based definition is one consistent with this project (Skills and Competencies).

In the United States, preparation of interdisciplinary teams of Geriatric health care professionals is proceeding on this model. (Shephard, 1985, Bevil, 1988). In General Studies, recent core curriculum studies in universities were extensively reviewed in the journal "Humanities" (Cheney, 1989). The content and conclusions of Lynne Cheney emphatically support the concept. One recognizes an essential committee decision in British Columbia will be the number of hours allocated to the core in the various programs being integrated. Competencies can only be general statements of intent. Since they are general worker competencies, they do not address the critical issues of depth. This remains to be examined at a later date.

Development of Coring Models

No appropriate models for this type of project were found, however, so nine were devised and submitted to the Centre for Curriculum Development which selected two to develop further. Two were added by committee members and a total of four models were presented to the College Steering committee which selected the model outlined later in the report. This model then guided the development of the competencies.

A survey of the literature was conducted. However, no specific Canadian models were revealed, nor were any models which purported to core health and social services at the para-professional level. A survey of the Canadian Education Index, 1986-90, showed the design recommendations and adoption of a Cored Curriculum in the Saskatchewan schools (K-12), plus many articles outlining the management of such a change. A further article bears review. H. Wagschal wrote on "the task before those wishing to innovate with the (university) undergraduate curriculum" and cautions it will not be an easy one (in University Affairs, Jan 1987).

Some cautionary remarks before examining the specific model are in order:

1. the reader is reminded that these models do not include aspects of delivery of the programs.

2. Attempts are being made to "core" programs not normally thought of by students/workers/faculty as being in the same groups. For example, Long Term Care programs are commonly thought of as "vocational" and/or for those students who wish a shorter program (with less academic content) while other programs traditionally have been thought of as "career" programs, requiring more academic skills and longer training (eg. Social Service Worker).

3. As more "career" programs attempt to receive transferability to University level programs, this distinction will become even more apparent. Given the Universities' traditional focus, it may be even less likely that they will grant transfer credit for programs which are "cored" with other programs that are not seen as University level material. In other words, the critical issue of laddering becomes the point from which one begins the climb.

Model

The basis is a generic core of contents deemed to be essential in interdisciplinary teamwork. (Fishman, 1988). Concentric, segmented circles form the top 2 layers (representing two levels of core). The top layer is common to all the programs, preparing workers for all the job clusters included, and can be given in greater or lesser depths and with varied emphasis as time allows. The second layer is further core for all Social Services Worker cluster. The third layer or level accommodates clusters of topics. Layers represent time element, as well as complexity of programming. By glancing at the side view, various exit points can be seen: certificate level one layer deeper than core alone, diploma level is 2 layers deeper, degree programs are three levels deeper. (This model also can accommodate a prerequisite: a College Prep English course when needed can be added on top.) This type of model can be expanded indefinitely, and thus is ideal in facilitating laddering.

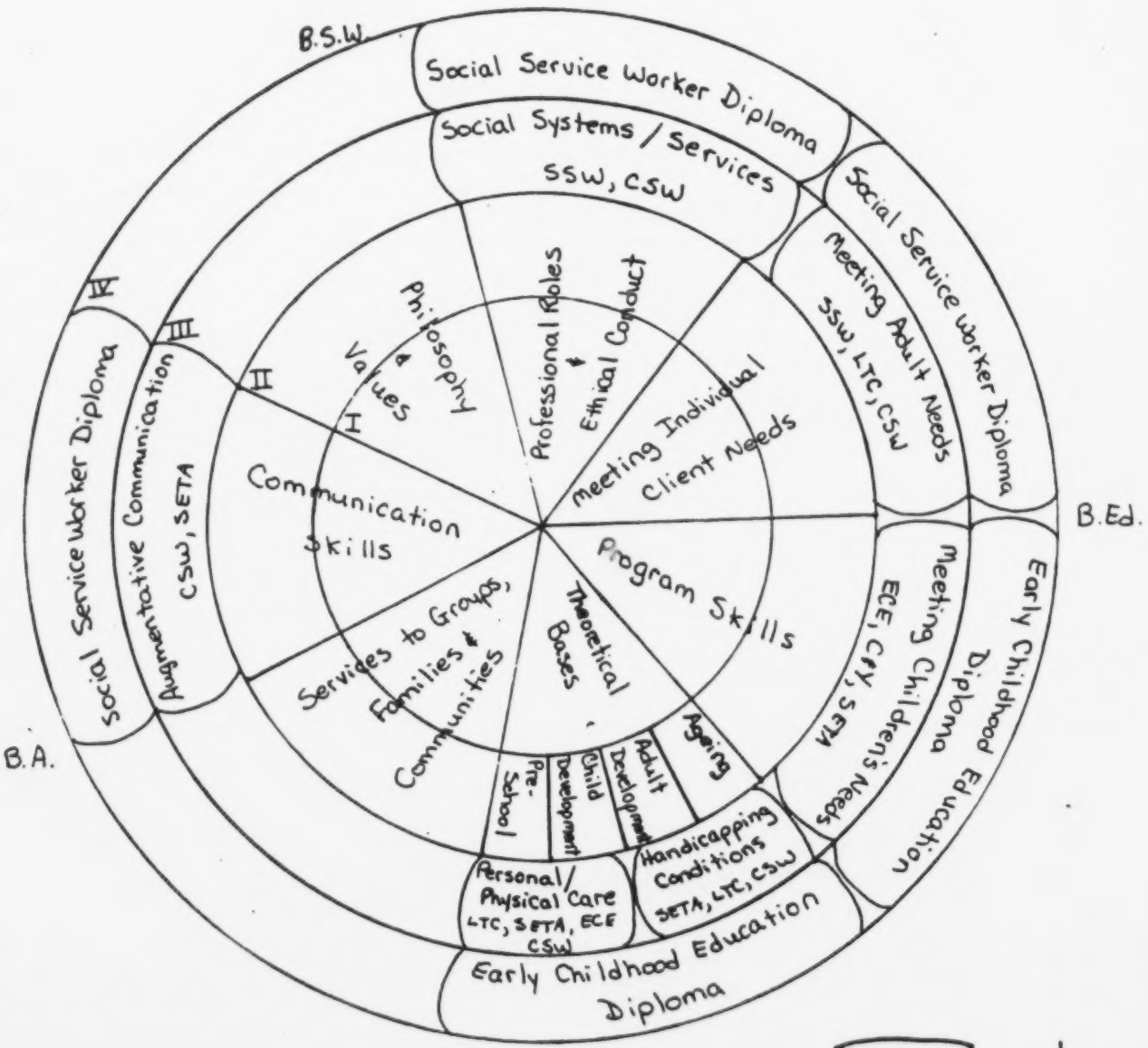
Advantages:

1. Flexibility regarding depth of core subjects presented.
2. Flexibility regarding time element allotted to core topics.
3. Integration of all disciplines is realistic preparation for working conditions (i.e. the "modelling" of a team approach).
4. Combining students from many preparation streams increases the number of classes available, so accommodates part time and full time students better.

Disadvantages:

1. Pre-entry level language course.
2. Threatening to conservative academic organizers because it groups students by content area (topics) not disciplines.
3. Administrative difficulty because of (2) and because of laddering.
4. Students comparing higher salaries expected by some classmates may want to transfer out of LTC, SETA, etc.
5. Difficulties encountered with programs funded in different clusters (i.e. different program lengths and weights) as well as different methodologies in counting FTE's and difficulties assigning "cored" FTE's to a given program.

Coring Model



I - CORE - all programs: orientation

II - CORE - Level II

III - SPECIALTIES

IV - DIPLOMA

Methodology of the Core Competency Project

Competency charts, mostly in the form of DACUMS, as well as program and course outlines were gathered from both the Colleges involved as well as the Centre for Curriculum Development for all of the programs. Unfortunately, at this point, the course and program outlines proved to be of somewhat limited use at this stage of the project, as colleges have organized themselves quite dissimilarly in providing instruction. In other words, while there is probably a tremendous amount of similarity in the product (i.e. the worker) that is produced by similar programs in different colleges, the intermediate steps (i.e. course outlines) use very different language and approaches. In addition, the differences between programs (even within the same college) in terms of the language used to describe outcomes is sometimes very different, making comparison even within the same college difficult. If it is difficult to compare programs within the same college, it is far more difficult to compare programs from different colleges.

The DACUMS proved to be more useful. However, almost all Colleges are unequivocal in their belief that the current DACUMS (most of which were done in the early 80's) are outdated. In fact, several (i.e. ECE, Long Term Care) are in the process of being redone. Where the DACUM charts were in fact, helpful, was that the language they used (that of worker competencies) tended to have more similarity than difference.

Thus, the project moved from examining cluster areas or topics to the notion of examining worker competencies. There however remains the issue, when discussing worker competencies, that they do not spell out the depth of the knowledge or skills being required. It also means that some areas which are clearly "knowledge" based, need to be phrased in terms of worker competency (doing) which is, in some cases, a forced fit.

At any rate, a series of worker competencies that seemed to appear in the DACUMS and course/program outlines with similar intent but different wording were created and pre-tested for clarity with a small sample of college instructors and people working in specific fields. The competencies were broken down into 7 main areas (as a result of both a natural sort as well as the "coring" model which had been chosen).

These "major headings" are as follows:

1. Demonstrate appropriate philosophical and attitudinal base [for practice]
2. Act in a professional and ethical manner.
3. Communicate responsibly and appropriately
4. Use appropriate theoretical frameworks
5. Meet Individual Needs
6. Provide Services to Families/Groups/Communities
7. Apply Program Planning/Program Management Skills

Worker competencies were chosen as a basis for analysis because it was thought that these might be the clue to on-the-job outcomes. It is our expectation that these competencies will now go to be "vetted" by an employer based review committee and it was thought that the employer group would be more receptive to looking at worker rather than educational outcomes. From these competencies, core curriculum will need to be developed.

A total of 115 competencies were included in the package which was sent to the Colleges. The Colleges were instructed to try to engage in a joint process whereby instructors in the various programs involved sat down and had a discussion around each competency and then listed it as core or not core. Unfortunately, due to time limits for the responses, as well as the distances between faculty in some colleges, this was not possible, and there were many individual responses. Every college in British Columbia, as well as the Open College, and the University of Victoria was surveyed. Not all were able to respond. However, a surprisingly large number did. Respondents names and affiliations are included in an appendix.

Colleges were instructed as follows to check whether each competency is in fact found in the job cluster. If they were, then Colleges were to check this off. If they competencies were unclear, then the Colleges were instructed to revise them in order to use them. This led to a minor rewording of some of the competencies included in this final report where it was thought that the rewording provided greater clarity.

Because there are many programs in British Columbia with different titles, the decision was made to have six categories in the report. For some programs, this was a less than optimal choice. A good example of this is the LTC (Long Term Care) category which includes both Long Term Care, Continuing Care Assistant, and Home Support Workers. They are lumped together because of a)the length of training which is similar and b)there are few separate Home Support Worker programs at this time. Yet, it may be that the kind of work they do (with the home support worker being more community based and working with much less direct supervision) is quite different and the competencies required somewhat different.

Below is the list of abbreviations and examples of programs that were to be included in each.

C&Y	Child and Youth Care Worker Programs
SSW	Social Service Worker Programs, Corrections Worker Programs, Community Service Workers, Community Counselling, Human Service Worker
CSW	Community Support Worker (programs primarily for those who will work with adults with mental handicaps). Other titles include Community Living Worker, Developmental Services Worker

LTC	Community Care Assistant, Long Term Care Aide,Continuing Care Assistant, Homemaker, Home Support Worker, etc.
ECE	Early Childhood Education Programs
SETA	Special Education Teacher Assistant, Teaching Assistant, Teacher Aide.

It should be noted that not every college has every program mentioned above. In some instances, they are separate and distinct (i.e. Douglas has separate programs for all except SETA), while in other colleges individuals who may work as special education teacher assistants and/or child and youth care workers are trained as social service workers, community care assistants, or ECE. Since there is no licensure in this field, it becomes up to the employer to decide which programs will meet their needs.

The Responses

A total of 66 responses were received by the end of the first week in January with almost all Colleges responding. Only three programs did not fit into the categories: one Rehabilitation Assistant Program, one Personal Care Attendant for the Disabled Program, and one Activity Aide Program (a second level LTC type of program).

In tabulating the results, we decided to use a somewhat arbitrary standard of approximately 70% of each program area reporting the competency as core in order for it to be considered core. In addition, where there were multiple responses from program areas in a given college, only one response was counted (in order not to skew the results) but all comments were considered. We realize that we would never have total agreement, although in many instances there was. In addition, some of competencies were not worded as clearly as they could have been and meant different things to different people.[1] The competencies which follow have taken this into account. In many instances, they have been reworded from the original to allow for differences (and hopefully for greater clarity) in language.

A sort was then performed in order to show an inverted pyramid with those competencies which have been identified as core by all programs followed by those identified as core by 5 programs, then 4 and so on. In addition, the programs have been re-grouped to start with SSW, followed by CSW (the "adult" link) followed by SETA (the link between that of SETA and CSW being the "handicapping area"), followed by C&Y (the link being that of children), followed by ECE (the link again being that of children) followed by LTC. LTC was placed to the right because, while it links with SSW (in terms of the "adult" focus), it had the smallest "core." Where there is an "X", it indicates that this competency is considered "core" by 70% of the Colleges reporting. A "?" in the column, indicates that it was not considered "core" by 70% but that the authors of this report believe that it is possible that the respondents didn't understand the wording of that competency and that is should be further examined as we believe that it should be "core."

It should be noted that, in general, the competency chart settles out with two cores. A rather large core (including most of the philosophical and attitudinal basis of practice) involves all the programs. The smaller core relates more to skill areas. In addition, as the reader can see there is a rather large amount of coring among and between the social service and educational type of programs, with a smaller core involving the "health" area. This is somewhat expected, probably due to the length of training and the admissions criteria for the programs.

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[1] A good example of this is the use of the word "client" in the original set of competencies. Some areas, ECE in particular, could not make use of this word as descriptive of the kinds of people they worked with.

There was, in addition, a large amount of general comments from the colleges which we have tried to summarize. Some colleges expressed concerns over the lengths of programs to be cored; that the shorter the program the more difficult it is to core in that the more specific the content must be. Other colleges expressed reservation over coring based on competencies, that the coring should be based on principles informing content decisions. Another way of expressing this is the belief of some colleges that was is needed is identification of core curriculum and that the way to achieve this is to identify more common areas of understanding. Other colleges were quite willing to look at coring from the perspective of coring between the same programs at different colleges, but were more reluctant to look at coring a wider range of workers.

A cautionary note is in order; these competencies imply that the worker is working under appropriate supervision for the position involved.

Worker Competencies

100	**DEMONSTRATE APPROPRIATE PHILOSOPHICAL AND ATTITUDINAL BASE**	SSW	CSW	SETA	C&Y	ECE	LTC
101	respect the dignity and autonomy of the individual	x	x	x	x	x	x
102	demonstrate commitment to the least restrictive level of care (encourage independence)	x	x	x	x	x	x
103	maintain professionalism in dealing with individuals and groups	x	x	x	x	x	x
104	demonstrate appropriate attitudes (e.g. sensitivity, tolerance, warmth, non-judgementalness)	x	x	x	x	x	x
105	maintain confidentiality (as appropriate)	x	x	x	x	x	x
106	use discretion and tact when dealing with others	x	x	x	x	x	x
107	respect ethnic, religious, social, and cultural differences	x	x	x	x	x	x

200	**ACT IN A PROFESSIONAL AND ETHICAL MANNER**	SSW	CSW	SETA	C&Y	ECE	LTC
201	demonstrate ethical behaviours	x	x	x	x	x	x
202	identify one's role and responsibility	x	x	x	x	x	x
203	identify and accept limits of one's own role	x	x	x	x	x	x
204	demonstrate awareness of own strengths and limitations	x	x	x	x	x	x
205	model appropriate behaviour and habits	x	x	x	x	x	x
206	deal effectively with own feelings, values, and attitudes	x	x	x	x	x	x
207	maintain appropriate level of professionalism	x	x	x	x	x	x
208	manage on-the-job stress	x	x	x	x	x	x
209	manage time and workload effectively	x	x	x	x	x	x
210	identify and work within the organizational structure	x	x	x	x	x	x
217	participate in on-going personal and professional evaluation and learning activities	x	x	x	x	x	x
213	maintain appropriate relationships with other professionals/disciplines	x	x	x	x	x	x
214	maintain a constructive working relationship with other personnel (i.e. co-workers, other agencies)	x	x	x	x	x	x
216	represent client groups	x	x	x	x	x	
218	participate in supervision and training of workers/volunteers	x	x	x	x	x	
215	act as representative of the agency/service	x	x	x	x	?	
211	develop and initiate a career plan	x	?	x	x	x	?
212	maintain membership in professional organizations				x	x	

300	**COMMUNICATE RESPONSIBLY AND APPROPRIATELY**	SSW	CSW	SETA	C&Y	ECE	LTC
301	observe, record, and synthesize data as appropriate	x	x	x	x	x	x
302	communicate appropriately with children	x	x	x	x	x	
303	communicate appropriately with adults	x	x	x	x	x	x
304	encourage communication between individuals	x	x	x	x	x	x
305	communicate appropriately with other adults/professionals	x	x	x	x	x	x
306	demonstrate effective interpersonal skills	x	x	x	x	x	x
307	write professional communications such as forms and reports	x	x	x	x	x	
308	complete (participate in) individual (client) assessments	x	x	x	x	x	
309	prepare appropriate documentation	x	x	x	x	x	
312	evaluate effectiveness of client contact (monitor self performance)	x	x	x	x	?	?
311	use computer technology as appropriate						

400	**USE APPROPRIATE THEORETICAL FRAMEWORKS**	SSW	CSW	SETA	C&Y	ECE	LTC
401	observe individual growth, development, and experiences (children)			x	x	x	
402	record individual growth, development, and experiences (children)			x	x	x	
403	observe individual development and experiences (adults)	x	x				x
404	record individual development and experiences (adults)	x	x				
405	assess individual developmental level of strengths and weaknesses	x	x	x	x	x	x
407	distinguish between normal and abnormal growth, development and behaviour	x	x	x	x	x	x
410	describe cultural, social and economic factors as they effect individual behaviour	x	x	x	x	x	x
411	maturely handle sexual issues	x	x	x	x	x	x
412	maintain current knowledge of policy, acts, and their changes	x	x	x	x	x	
406	recognize, assess and integrate special needs individuals		x	x	x	x	
408	identify characteristics of developmental disabilities		x	x	x	x	
409	apply motivational theory to individual interactions			x			

500	MEET INDIVIDUAL NEEDS	SSW	CSW	SETA	C&Y	ECE	LTC
510	manage crisis situations	x	x	x	x	x	x
519	manage problematic behaviour (as directed)	x	x	x	x	x	x
520	respond appropriately to extremes of emotional behaviour	x	x	x	x	x	x
523	provide emotional and social support	x	x	x	x	x	x
525	deal appropriately with sensitive disclosure	x	x	x	x	x	x
527	use problem solving skills	x	x	x	x	x	x
531	recognize signs of abuse (physical, emotional, child, sexual) and instigate appropriate action	x	x	x	x	x	x
522	form helping relationships with individuals	x	x	x	x	?	x
501	maintain daily schedules		x	x	x	x	x
507	transport people safely and effectively		x	x	x	x	x
511	assess and manage illness and accidents		x	x	x	x	x
513	apply basic first-aid techniques		x	x	x	x	x
514	apply teaching techniques to achieve goals	x	x	x	x	x	
533	assist individuals to understand the limits of service that can be provided	x	x	x	x	x	
534	refer individuals to appropriate resources	x	x	x	x	x	
508	recognize and help children cope with stress	x	x	x	x	x	
503	provide personal care for children			x	x	x	x
505	meet nutritional needs of the child			x	x	x	x
509	recognize and help adults cope with stress	x	x			x	x
515	interview individuals effectively	x	x		x	x	
521	implement behaviour management programs		x	x	x	x	
524	use a variety of counselling techniques as appropriate	x	x	x	x		
526	terminate satisfactorily the helping relationship	x	x	x	x		
528	assist individuals to formulate short and long term goals	x	x	x	x		
532	deal with issues of emotional abandonment		x	x	x	x	

500	MEET INDIVIDUAL NEEDS (Continued)	SSW	CSW	SETA	C&Y	ECE	LTC
535	liaise with all appropriate community agencies	x	x		x	x	
502	guide children's learning and behaviour			x	x	x	
512[2]	administer/monitor medication		x	x		x	
504	provide personal care for adults		x				x
506	meet nutritional needs of the adult		x				x
529	determine (recognize) nature and extent of substance abuse	?	?	?	x	?	?
530	participate in the development of treatment plans for substance abusers	?	?		x		
516	determine eligibility for service	x					
517	interpret appropriate policy and legislation to clients	x					
518	interpret court structure and procedures for and with clients	x					

[2] This competency needs to be looked at in more detail. There were many comments relating to this, such as "as a parent substitute only," "monitor but not administer,", etc.

600	**PROVIDE SERVICES TO FAMILIES/GROUPS/COMMUNITIES**	SSW	CSW	SETA	C&Y	ECE	LTC
601	participate effectively in a group	x	x	x	x	x	x
603	participate as an effective team member	x	x	x	x	x	x
605	participate effectively in case conferences	x	x	x	x	x	x
614	use problem solving skills (in a group context)	x	x	x	x	x	x
602	enable a group to function productively	x	x	x	x	x	
604	facilitate client groups	x	x	x	x	x	
606	orient families/children to services	x	x	x	x	x	
609	distinguish between functional and dysfunctional family structure and dynamics	x	x	x	x	x	
613	use constructive conflict management skills	x	x	x	x	x	
616	identify unmet needs	x	x	x	x	?	x
617	identify and utilize community resources	x	x	x	x	x	
607	exchange information with parents about their son/daughter		x	x	x	x	
615	facilitate community outreach	x	x	x	x	?	
608	provide opportunities for parents to increase their parenting skills			x	x	x	
610	assess family dynamics	x			x		
611	intervene effectively in families experiencing difficulties				x		
612	recognize effects of substance abuse in families				x	?	

700	**APPLY PROGRAM PLANNING/PROGRAM MANAGEMENT SKILLS**	SSW	CSW	SETA	C&Y	ECE	LTC
702	develop, statement, and implement program goals for each individual	x	x	x	x	x	
703	plan program and arrange learning/social environments	x	x	x	x	x	
712	participate in the implementation of program evaluation mechanisms	x	x	x	x	x	
704	plan daily programs		x	x	x	x	
706	manage elements of instruction		x	x		x	
707	maintain work premises and equipment in a satisfactory manner		x	x		x	x
701	use appropriate procedures to maintain enrolment/attendance records			x	x	x	
708	develop learning resources to meet needs		x	x		x	
709	participate in the recruitment and use of volunteers	x	x			x	
711	participate in the development of program evaluation mechanisms	x			x	x	
705	prepare and present curricula			x		x	
713	use budgeting skills and maintain financial records	x	?			x	
714	participate in the implementation of needs analysis for the agency	x				x	
710	participate in the revision and implementation of policies and procedures for agency [replace with centre] operation					x	

The Next Steps

Obviously these competencies are far from complete. Some of the concerns of college faculty have already been accommodated (i.e substitutions for the word "client" and the adding of the word "participate in" to many of the competencies. The competencies need to be looked at by an employer based group. As well, there are many more steps in engage in, particularly around the notion of just what a "core curriculum" would look like as well as the need to "sell" colleges on the benefits of coring.

It seems that the next steps are twofold. One step is to list out specialty competencies. By this we mean those competencies that are unique to a particular worker cluster. The core competencies, plus the specialty competencies would then give us a total picture of exactly what is expected of the worker.

The other step is to begin to develop core curriculum design and materials around those competencies that have been designated core.

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Recognizing common topics led to the development of shared courses emphasizing skill development.

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ADDITIONAL REFERENCES

Sources of information for designing models

1. including contents of core topics and competencies of job clusters.
2. specifying details: common concepts in each topic, and identifying essential worker competencies in each job cluster.
3. selecting the common essential worker.

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- The Minutes of the College based steering Committee
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- Dale Stanley for the 8 volumes of Job Roles in Human Services.
- P. Bohm and K. Macdonald for the Addiction Foundation of Ontario Counselling Training Manual.
- The authors of "Competencies for Early Childhood EducAtion" (BC) 1985.
- The BC Articulation Committee - Community Support Workers, for their competencies and objectives, 1988.
- Richard Norman for Human Service and Community Support Worker Curriculum Projects, 1988.
- Douglas College for their Community Support Worker Task Analysis Study and Curriculum Guidelines.

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APPENDIX I

CORE COMPETENCIES HEALTH/SOCIAL SERVICE PROGRAMS

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APPENDIX II

Competencies sent to Colleges for Review

100 **DEMONSTRATE APPROPRIATE PHILOSOPHICAL AND ATTITUDINAL BASE**
101 respect dignity and autonomy of client
102 demonstrate commitment to the least restrictive level of care
103 maintain professionalism in dealing with client
104 demonstrate appropriate attitudes (e.g. sensitivity, tolerance, warmth, non-judgementalness)
105 maintain confidentiality
106 use discretion and tact when dealing with others
107 respect ethnic, religious, social, and cultural differences

200 **ACT IN A PROFESSIONAL AND ETHICAL MANNER**
201 demonstrate ethical behaviours
202 identify one's role and responsibility
203 identify and accept limits of one's own role
204 demonstrate awareness of own strengths and limitations
205 model appropriate behaviour and habits
206 deal effectively with own feelings, values, and attitudes
207 maintain appropriate level of professionalism
208 manage on-the-job stress
209 manage time and case load effectively
210 identify and work within the organizational structure
211 develop and initiate a career plan
212 maintain membership in professional organizations
213 maintain appropriate relationships with other professionals/disciplines
214 maintain a constructive working relationship with agency personnel (i.e. co-workers, other agencies)
215 act as a representative of the agency
216 represent client groups
217 participate in on-going personal and professional evaluation and learning activities
218 participate in supervision and training of workers/volunteers

300 **COMMUNICATE RESPONSIBLY AND APPROPRIATELY**
301 observe, record, and synthesize data as appropriate
302 communicate appropriately with children
303 communicate appropriately with adults
304 encourage communication between clients
305 communicate appropriately with other adults/professionals
306 demonstrate effective interpersonal communication skills
307 write professional communications such as forms and reports
308 complete client assessments
309 prepare appropriate documentation
310 prepare psycho-social histories
311 use computer technology as appropriate
312 evaluate effectiveness of client contact

400 **USE APPROPRIATE THEORETICAL FRAMEWORKS**
401 observe individual growth, development, and experiences (children)
402 record individual growth, development, and experiences (children)
403 observe individual development and experiences (adults)
404 record individual development and experiences (adults)
405 assess client's developmental level of strengths and weaknesses
406 recognize, assess and integrate special needs individuals
407 distinguish between normal and abnormal growth, development and behaviour
408 identify characteristics of developmental disabilities
409 apply motivational theory to client interactions
410 describe cultural, social and economic factors as they effect clients' behaviour.
411 maturely handle client's sexual issues
412 maintain current knowledge of policy, acts and their changes

500 **MEETING INDIVIDUAL CLIENT NEEDS**
501 maintain daily schedules
502 guide children's learning and behaviour
503 provide personal care for children
504 provide personal care for adults
505 meet nutritional needs of the child
506 meet nutritional needs of the adult
507 transport clients safely/effectively
508 recognize and help children cope with stress
509 recognize and help adults cope with stress
510 manage crisis situations
511 assess and manage illness and accidents
512 administer/monitor medication
513 apply basic first-aid techniques
514 apply teaching techniques to achieve goals with clients
515 interview clients effectively
516 determine eligibility for service
517 interpret appropriate policy and legislation to clients
518 interpret court structure and procedures for and with clients
519 manage problematic behaviour
520 respond appropriately to extremes of emotional behaviour
521 implement behaviour management programs
522 form helping relationships with clients
523 provide emotional and social support
524 use a variety of counselling techniques as appropriate
525 deal appropriately with sensitive disclosure
526 terminate satisfactorily the worker client relationship
527 use problem solving skills
528 assist clients to formulate short and long term goals
529 determine nature and extent of substance abuse
530 develop treatment plan for substance abusers
531 recognize signs of abuse (physical, emotional, child, sexual) and instigate appropriate action
532 deal with issues of emotional abandonment
533 assist clients to understand limits of service that can be provided
534 refer clients to appropriate resources
535 liaise with all appropriate community agencies

600 **PROVIDE SERVICES TO FAMILIES/GROUPS/COMMUNITIES**
601 participate effectively in a group
602 enable a group to function productively
603 participate as an effective team member
604 facilitate client groups
605 participate effectively in case conferences
606 orient families/children to services
607 exchange information with parents about their son/daughter
608 provide opportunities for parents to increase their parenting skills
609 distinguish between functional and dysfunctional family structure and dynamics
610 assess family dynamics
611 intervene effectively in families experiencing difficulties (develop intervention plans)
612 recognize effects of substance abuse in families
613 use constructive conflict management skills
614 use problem solving skills
615 facilitate community outreach
616 identify unmet needs
617 identify and utilize community resources

700 **APPLY PROGRAM PLANNING/PROGRAM MANAGEMENT SKILLS**
701 use appropriate procedures to maintain enrolment/attendance records
702 develop, state and implement programs goals for each client
703 plan program and arrange learning/social environments
704 plan daily programs
705 prepare and present curricula
706 manage elements of instruction
707 maintain work premises and equipment in a satisfactory manner
708 develop learning resources to meet needs
709 recruit and use volunteers effectively
710 revise and implement policies and procedures for agency operation
711 develop program evaluation mechahisms
712 implement program evaluation procedures
713 use budgeting skills and maintain financial records
714 implement needs analysis for the agency